

PAGE	1	OF	1
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00489856 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y</div> </div>	

Full Name of Payee Majority Strategies, Inc.		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 28 / 2014</div> </div>	
Mailing Address 135 Professional Drive Suite 104		Amount <div> <div>36296.31</div> </div>	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : SE.6069 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 27 / 2014</div> </div>
Purpose of Expenditure mail/printing	Category/ Type		
Name of Federal Candidate Art Robinson	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> OR State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div>710565.65</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Majority Strategies, Inc.		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 28 / 2014</div> </div>	
Mailing Address 135 Professional Drive Suite 104		Amount <div> <div></div> <div>22148.37</div> </div>	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : SE.6070 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 27 / 2014</div> </div>
Purpose of Expenditure mail/printing		Category/ Type	
Name of Federal Candidate Peter A. DeFazio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>732714.02</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	58444.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	58444.68

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

[Electronically Filed]

Signature

Date _____